



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <u>137230 137238</u>		3. This Statement covers From: <u>11</u> <u>04</u> to <u>7</u> <u>18</u> <u>04</u> <small>Mo Day Year Mo Day Year</small>	
2. Committee Name <u>COMMITTEE FOR NATHAN VINSON</u>		4. Candidate Last Name <u>VINSON</u> First Name <u>NATHAN</u> M.I. <u></u> 4a. Office Sought Including District # or Community Served (If applicable) <u>MACOMB County Commissioner</u> 4b. County of Residence <u>MACOMB</u>	
5. Committee's Mailing Address <u>P.O. Box 152 Warren MI 48080</u> Area Code and Phone <u>586 759 1772</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <u>DEMETRA HAYES</u> Area Code & Phone <u>(313) 348 9680</u>	
7. Treasurer's Business Address <u>P.O. Box 152 Warren MI 48091</u> Area Code and Phone <u>(313) 348 9680</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>KIMBERTY D. VINSON</u> <u>19178 Fenelon Det MI 48234</u> Area Code and Phone <u>(313) 891 5124</u>	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Convention <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus </div> </div> Date of Election, Convention or Caucus <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <u>8</u> Month </div> <div style="text-align: center; margin-right: 10px;"> <u>3</u> Day </div> <div style="text-align: center;"> <u>04</u> Year </div> </div>		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> _____ Month </div> <div style="text-align: center; margin-right: 10px;"> _____ Day </div> <div style="text-align: center;"> _____ Year </div> </div> By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small>			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper <u>Kimberly D. Vinson</u> <small>Type or Print Name</small>		<u>Kimberly D. Vinson</u> <small>Signature</small>	
Date <u>7</u> <u>20</u> <u>04</u> <small>Mo Day Year</small>		Date <u>7</u> <u>20</u> <u>04</u> <small>Mo Day Year</small>	
Candidate <u>NATHAN VINSON</u> <small>Type or Print Name</small>		<u>Nathan Vinson</u> <small>Signature</small>	

FILED
JUL 23 AM 11:26
CLERK
BUREAU OF ELECTIONS
MICHIGAN



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137230
2. Committee Name Committee For Nathan Vinson

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$	<u>1120.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>- 0 -</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$	<u>1120.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>- 0 -</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>- 0 -</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>4071.45</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>4071.45</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>- 0 -</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>- 0 -</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>- 0 -</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>3754.15</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	_____	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1120.00</u>	
	(15.) = \$	<u>1120.00</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>3754.15</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>(2634.15)</u>	

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137230
2. Committee Name Committee For N. VINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-22-04</u> Name: <u>LEONARD STEPHENS</u> Address: <u>23051 Harding OAK PARK 48237</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>-</u> Employer <u>-</u> Business Address <u>-</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100 ⁰⁰	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>-</u> Name: <u>Angela Blue</u> Address: <u>26355 Hathrop Village</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>-</u> Employer <u>-</u> Business Address <u>-</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100 ⁰⁰	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-17-04</u> Name: <u>IDA D. HUNTER</u> Address: <u>P.O. Box 27266 Det Mi 48227</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>-</u> Employer <u>-</u> Business Address <u>-</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100 ⁰⁰	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-12-04</u> Name: <u>MARTHA SCOTT</u> Address: <u>-</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>-</u> Employer <u>-</u> Business Address <u>-</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100 ⁰⁰	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		400 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137230
2. Committee Name COMMITTEE FOR VINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: <u>JIM RIN</u></p> <p>Address: <u>2730 Harper ST Clair Shores 48081</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		100 ⁰⁰	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: <u>T. SIMMONS 586 Golden Gate</u></p> <p>Address: <u>Det 03</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		100 ⁰⁰	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: <u>R. Fluker</u></p> <p>Address: <u>5832 Second Det 24</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		50 ⁰⁰	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: <u>Glenn Hamilton</u></p> <p>Address: <u>15493 W W Conain Det 38</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		50 ⁰⁰	
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		300 ⁰⁰	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137230

2. Committee Name

Committee for VINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-7-04</u> Name: <u>KIMBERLY D. VINSON</u> Address: <u>19178 Fenelon Det MI 48234</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	125.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-24-04</u> Name: <u>SAM SKELTON</u> Address: <u>2475 Sheldahl Det MI 48224</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	20.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>Pearl Murray</u> Address: <u>20174 Yonka Det MI 48234</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	20.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-21-04</u> Name: <u>Nedra Lucas</u> Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	20.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	185.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137230

2. Committee Name Committee For Union

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-8-04</u> Name: <u>SAM WILSON</u> Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-1-04</u> Name: <u>DR LOUIS GELLER</u> Address: <u>22972 Lakeview Southfield MI 48034</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		25.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-2-04</u> Name: <u>REV Sharon Bultry</u> Address: <u>20798 Syracuse</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		235.00	
		1,120.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 13 723
2. Committee Name COMMITTEE FOR NATHAN VINSON

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>SCREEN PRINT ENTERPRIZE</u> Address <u>3811 E 10 Mile</u> <u>Warren MI 48091</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-17-09</u>	<u>691.65</u>
Expenditure #2 Name <u>Conquest Reproductions</u> Address <u>19954 Luvema</u> <u>Det MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-14-09</u>	<u>750.00</u>
Expenditure #3 Name <u>Sign Craft</u> Address <u>4561 E 9 Mile</u> <u>Warren MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-18-09</u>	<u>737.50</u>
Expenditure #4 Name <u>Conquest Reproductions</u> Address <u>19954 Luvema</u> <u>Det MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-30-09</u>	<u>45.00</u>
Expenditure #5 Name <u>Conquest Reproductions</u> Address <u>19954 Luvema</u> <u>Det MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-9-09</u>	<u>275.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>2499.15</u>

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 13723
2. Committee Name COMMITTEE FOR NATHAN VINSON

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>DYNASTY ARTISTIC</u> Address <u>1150 Gurnee Rd</u> <u>Deerfield 48220</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-4-04</u>	<u>140.40</u>
Expenditure #2 Name <u>SVEDEN HOUSE</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>OPEN HOUSE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		<u>190.00</u>
Expenditure #3 Name <u>FLYER DISTRIBUTION</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>PASS OUT FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-15-04</u>	<u>1,200</u>
Expenditure #4 Name <u>Badger O Hunt</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Badger</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		<u>4190</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1,572.30
4,071.45

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 137230
2. Committee Name Committee For NATHAN VINSON

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>NATHAN VINSON</u> <u>3399 Pearl</u> <u>Warren MI 48091</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	7-9-04 150 ⁰⁰ 7-10-04 200 ⁰⁰ 8-11-04 \$ 750 ⁰⁰ 6-18-04 \$ 737 ⁵⁰ 6-17-04 \$ 691 ⁶⁵ 6-30-04 \$ 45 ⁰⁰ 6-04-04 \$ 140 ⁰⁰	350 ⁰⁰	2867 ⁶⁵
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	<input type="checkbox"/> FORGIVEN 2364.15
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>NATHAN VINSON</u> <u>3399 Pearl</u> <u>Warren MI 48091</u>	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	7-11-04 \$ 190 ⁰⁰ 7-15-04 \$ 1200 / / \$ / / \$ / / \$	\$	<input type="checkbox"/> FORGIVEN 1390 ⁰⁰
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	/ / \$ / / \$ / / \$ / / \$ / / \$		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

3754.15

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.